

A Regular/Retreat Meeting of the Durham County Board of Health, held January 4, 2001, with the following members present:

William H. Burch, Chairman, Charles Chapman, Ellen Reckhow,

Dr. Philip McHugh, William Small, Dr. William C. Bordley,

Dr. Michael O. Royster, Robin Blanton, and Sandra Peele.

Excused Absence: Ruth Smullin Unexcused Absence: Dr. Sydney Rose

**CALL TO ORDER.** Mr. Burch, Chairman, called the meeting to order.

**APPROVAL OF MINUTES.** The following correction was made to the minutes of November 9, 2000 on page 2 paragraph one. The sentence should read, *The Health Director said that he would be asking for guidance from the Board of Health regarding the issue of access, the appropriateness of waiting lists, or limiting services to the uninsured because of revenue restraints.*

Dr. McHugh made a motion to approve the minutes of November 9, 2000 as edited. Dr. Royster seconded the motion and it was approved unanimously.

**NOMINATING COMMITTEE REPORT.** The Nominating Committee was comprised of Dr. Royster who served as Chair, Dr. McHugh, and Ms. Smullin.

Dr. Royster presented the Committee's nominations for Chairman, Mr. William Burch, and for Vice Chair, Mr. William Small.

The Board Chairman thanked the Committee for preparing a slate of officers for year 2001.

There were no nominations from the floor.

A motion was made, seconded, and approved to close the nominations.

The slate of officers as recommended by the Nominating Committee was approved with no opposition.

Mr. Burch thanked the Board for their vote of confidence and welcomed Mr. Small as Vice Chair.

**APPOINTMENT OF THE FINANCE COMMITTEE.**  
Mr. Burch appointed Dr. Royster and Mr. Blanton to serve with Mr. Small on the Finance Committee. Mr. Small, Vice Chairman, would serve as Chairman of the Finance Committee.

The Health Director will notify the Finance Committee when the Department receives the budget material.

**BUDGET AMENDMENTS.** The Health Director recommended approval of the following two budget amendments.

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Recognize a \$10,000 grant for the Durham County Healthy Carolinian Initiative. The Initiative, which is part of the Durham Health Partners, Inc., was founded and is managed by a consortium of community residents and agency officials. The Health Department is a founding member of the Healthy Carolinian Initiative. Through the North Carolina Department of Health and Human Services, the Health Department will serve as a fiduciary agency, passing over the funds to the Healthy Carolinian Initiative. Funds will reimburse the Health Carolinian Expenditures that are itemized in the grant proposal.

Mr. Small made a motion to approve the budget amendment as presented. Dr. Royster seconded the motion and it passed with no opposition.

Recognize \$2,500 additional funding from the North Carolina Department of Health and Human Services for the Syphilis Elimination Project. The Health Education Division will use the additional funds to supplement the salary increase for the Health Educator I position. The additional funding increased the Syphilis Elimination Project from \$43,000 to \$45,500.

Mr. Small made a motion to approve the budget amendment as presented. Mr. Blanton seconded the motion and it passed with no opposition.

Mr. Burch congratulated Dr. McHugh. The Durham Chamber's Customer Service Council honors businesses cited by consumers as providing outstanding customer service. One of the winning companies was Park Veterinary Hospital, P.A.

**PRESENTATION OF AWARD.** Mr. Burch, Chairman, presented a plaque to Mr. Charles Chapman from the Board of Health and Health Department staff in appreciation for his dedication to Durham County Public Health from January 1992 through December 2000.

Ms. Gayle Harris, Director of Nursing, reported that an application for the Neighborhood Nurse Project was submitted to the North Carolina Association of County Commissioners as an outstanding program in the human services category. She said she received a telephone call that the Project was chosen as one of the award recipients and that a presentation would be made at a County Commissioners meeting but the date has not yet been determined.

Ms. Harris said that approximately eighteen months ago the Health Department dedicated a part of the Medicaid Maximization Funds to provide a full-time public health nurse on-site in Few Gardens and Fayetteville Street Housing Developments. These nurses work with the residents to obtain services and other resources that will improve the lives of these women, children, and families.

The Health Director said the Project is an innovative approach based on an old approach. He said in the past decades there was a public health nurse that would visit neighborhoods.

Mr. Letourneau said that this process now allows the Department to reconnect with neighborhoods, communities, and individuals that need more than just public health services and can benefit from the advocacy of the public health neighborhood nurses. He said the Department is very excited about the Project and very pleased with the recognition from the North Carolina Association of County Commissioners.

**DIVISION ACTIVITY SUMMARIES AND HEALTH DEPARTMENT MID-YEAR GOALS AND OBJECTIVES REPORT.**

Gayle Harris, Director of Nursing, led the Board presentations. She said that not all the nurses employed at the Health Department are a part of the Nursing Division. She said the Division employs more than half of the Department employees and accounts for more than half of its budget that is appropriated to eight cost centers.

Ms. Harris discussed the many opportunities that are available for the various Nursing Division programs. She also discussed some of the challenges that are present in the delivery of comprehensive and high quality health care.

The Nursing Director said the Department must identify ways to reduce expenses incurred for laboratory services in the Maternal Health Program. She said only the labs drawn and analyzed at Lincoln Community Health Center are a no-charge.

She said there have been conversations between Lincoln Community Health Center (LCHC), Duke Medical Center, and Durham Regional Hospital (DRH). The new DRH administration reviewed the current contract with LCHC and determined that it should be charging for all lab tests done on LCHC patients at DRH.

Ms. Harris said the new interpretation of the contract is that only labs drawn at LCHC and analyzed at LCHC are a no-charge. Any labs drawn and delivered to DRH for analysis there is a charge.

Mr. Chapman said that part of the old agreement was that charges were to be billed at cost and not at charge. He said this was why LCHC showed a deficit several years ago--DRH decided that charges would be billed rather than cost.

Ms. Reckhow said that she believed there was an agreement with the merger of the hospitals that there would be no reduction in indigent health care. She said it would seem that patients seen at LCHC are generally indigent. A refusal to do the testing that had been done previously would appear to be a reduction in indigent health care, which had been provided.

Ms. Harris said there have been many discussions. She said in Dr. Schmidt's terminology the spirit of the contract was to continue the relationship that had been longstanding, but the decision has been that LCHC will continue to pay for labs.

She said she does not know exactly how it was resolved but that effective January 1, 2001 all lab tests going to DRH will be charged. As a result, LCHC has said to the Health Department that it must pay for its labs.

The Nursing Director said that over a period of a year the Health Department, based on LCHC records, has incurred lab expenses in the amount of \$138,000. She said the Maternal Health staff has been working to determine when labs are needed. As a result, drug screens will be done on patients only if requested by a physician or as indicated. She said the staff would review the labs more closely to see what was drawn during the previous pregnancy. She said she has worked with Dr. Stratton and her staff to determine what tests could be sent to the State Laboratory.

Durham Regional Hospital has given the Health Department a cost chart for fee-for-service that will be provided.

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Ms. Harris said the Health Department would be meeting with LCHC to renegotiate the contract. The Health Department has been sharing its Medicaid revenue with LCHC. That has served to cover some indirect costs that included lab services.

Mr. Chapman said that in the old contract all the auxiliary services were to be billed at cost to LCHC by DRH. He said these services included labs.

Mr. Letourneau said that if the Department were unable to renegotiate the contract the expense would be approximately \$60,000 per year. He said the expense for the remainder of this year would total approximately \$30,000.

Ms. Harris said Maternal Care Coordination (MCC) referrals also present a challenge. She said many of the Medicaid patients are going to private physicians for prenatal care. The Health Department is not getting those referrals because it cannot get into these private offices to say MCC is a service that is available to pregnant women who are Medicaid eligible. She said the State has been contacted to provide a list of these women and their addresses. The State responded that is no such list available.

She said this is another performance indicator that the Health Department is held responsible for in making sure that women who are pregnant and on Medicaid have care coordination services. The idea is that the additional support will help them have better outcomes when they deliver. According to the State, the Department is at about one-half of where it needs to be in contacting the mothers. The Department is attempting to get a handle on the identity of these women and how to locate them.

There was discussion by the Board.

Mr. Letourneau said the Durham Community Network is a managed care version of Medicaid. He said approximately 11,000 Medicaid participants are signed up through the Network. These patients are seen in Duke primary care practices.

The Health Director said that OB is not a part of the Network. If OB services were included our natural relationship with the Network would give us better access to maternity care coordination. He said this presents a challenge to attempt to get the OB practices involved with the Durham Community Network.

The Board discussed several different approaches for securing a list of Medicaid eligible pregnant women.

Ms. Harris said she has begun a discussion for a Memorandum of Agreement that would provide the Department a discount for Jail inmates admitted to DRH. Dr. Coleman, the contract physician and physician of record for the Jail Health Program, will no longer have to make rounds. A hospital physician would care for the inmates who are admitted.

The Nursing Director said the Department spent approximately one-half million dollars last year for medical referrals and inpatient stays.

Ms. Reckhow discussed the House Arrest Program. She said the program was terminated so it is no longer an option to alleviate the medical costs associated with the Jail Health Program. She said contracting with a vendor for such a program could prove to be more cost

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effective as opposed to inmate medical costs associated with pre-existing illnesses or pregnancies.

The Nursing Director will attempt to track this problem to the degree that is possible. She said there is a real need for a registered nurse in the booking area. In response to Mr. Chapman, she responded that the changing population in Durham is a real factor that impacts Jail Health.

Mrs. Harris reported that a proposed legislative goal was developed for the County Commissioners to support *an act to provide ongoing state support for new school nurse positions to reduce average nurse-to-student ratio from 1:2200 to 1:750 by 2010.*

She and the Health Director responded to questions from the Board regarding the School Health and Community Health Programs.

There was discussion by the Board.

Ms. Harris reviewed the outcomes of the two-year performance goals and objectives through November. The 6-month-data time frames allow the Department to gauge its progress.

Dr. Brooks, Dental Director, presented data in regard to the outreach opportunities and challenges faced by the Dental Program. He said the target population is low-income children. Children seen in the Dental Clinic must be eligible for treatment through Medicaid or Health Choice.

The Dental Director said the Program provides education and consultation, screening, referral, fluorides and clinical services. Educational services on dental health are provided to health professionals, school personnel, students and community groups. Screenings are provided to children at targeted grade levels at the Durham Public Schools. Students with identified needs for treatment are referred to area dentists.

He said the Division also provides fluoride mouth rinse at schools and nursing homes. Fluoride mouth rinse helps to prevent tooth decay in children and also helps in decreasing root caries in adults.

Dr. Brooks said the Division provides a free denture cleaning and labeling service for senior citizens.

Dr. Brooks said the Dental Division services are advertised in the local media and on DATA buses. He said the Division is opening 10 to 12 new charts each day. The Dental Division has partnered with Duke University Health System in designing a mobile van where dental services can be provided on-site at various elementary schools to children who are covered by Medicaid and Health Choice.

There was Board discussion.

Mr. Letourneau said Durham County is at a disadvantage in that there are approximately 15,000 children who do not have routine access to dental care because of their income status. He said there are only one or two dentists in the community who treat Medicaid eligible children other than the dentists at the Health Department and at Lincoln Community Health Center.

The Health Director said the Department has asked the County Commissioners to help champion the cause of reimbursement to 80% of UCR to those dentists statewide who treat Medicaid eligible children. He

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said this would make Medicaid clients more attractive to dentists in private practices.

Mr. Letourneau said the other area that the public health system is addressing is to make the recognition of credentials from other states easier in North Carolina. He said there are big barriers in North Carolina for licensing.

Ms. Reckhow said one of the strict rules for the role of hygienists, which are not allowed to clean teeth without supervision, drives up the cost of dental care.

Mr. Letourneau said the political answer is the state Medicaid budget. (Currently less than 2% of the Division of Medical Assistance budget is spent on dental treatment.)

Dr. Brooks said the laws under which the public health dentists operate are a bit more lax. He said hygienists go into the schools and nursing homes and direct supervision by a dentist on the premises is not required. He said this helps considerably.

Dr. Brooks said there are a few providers in Durham and other counties in the State that are not willing to treat Medicaid patients. He said a class action lawsuit has been filed in an attempt to get the fee raised for treating Medicaid patients. He said the assumed overhead for a dentist is approximately 70% and if Medicaid covers the individual it may pay only 30-40%. Therefore, the dentists are put in a position of having to pay to treat the individual.

The Dental Director said the interest is to get the fees raised to 80% UCR. The belief is that more private practitioners will buy in and the public sector will not be required to see as many Medicaid patients as they see at the present time.

Mr. Letourneau said this is one thrust of the problem and the other thrust is supply. He said that without an adequate supply of dentists this is not going to do what they want it to do. The dentists will continue to get better compensation from private patients and with so few dentists it remains a terrible situation for Durham's low-income children.

Dr. Brooks reviewed the Dental Division's progress in the promotion of optimal health and wellness of children.

Mr. Donnie McFall, Environmental Health Director, presented the Environmental Health activities. He said the Division promotes and protects the environment and public health through the enforcement of rules and regulations.

Mr. McFall said since most of these regulations are state regulations, Environmental Health Specialists are required to maintain state authorization and registration.

He said the General Inspections Section provides plan review, permitting and inspections of a total of 1,200 food, lodging and institutional facilities.

Mr. McFall said that operating with a full staff last year, the Division had an 87% compliance of mandated inspections as opposed to 67% two years ago when it experienced staffing problems. He said that Durham City/County is a fast growing and popular area. The Durham Convention and Visitors Bureau reported in its latest issue of "Bull's Eye"

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a 41% (60 commercial properties - 7,200 lodging rooms) increase in available rooms over the past five years.

He said last year 87 plan reviews and 111 permits were issued. The South Point development provides a potential for 25-30 additional establishments that will require plan review and permitting.

Mr. McFall said lead investigations are required when children have an elevated blood level of 20 micrograms per deciliter or persistent EBL between 15-19 ug/dl. Six cases last year resulted in a total of 17 investigations. He said this is a collaborated effort between the Department, Durham Housing Authority, and the Coalition for Affordable Housing. The funding for a public health nurse position was made possible through the HUD grant that was awarded to the Housing Authority of the City of Durham.

At present, the Environmental Health staff perform plan reviews, annual permitting and inspections for 259 swimming pools. Last year a total of 492 inspections and compliance visits were made to ensure that safety and sanitation standards were being met.

The Environmental Health Director said that the On-site Sewage Program staff evaluates private property to determine the suitability of septic tank. He said the larger part of Durham County has marginal soils and a tremendous amount of time can be spent evaluating one tract to locate useable soils and to determine which of the conventional, alternative, or innovative systems qualify for installation. A Program Specialist provides the required maintenance management inspections of alternative septic systems.

He said the siting, permitting, inspections and sampling of private wells to protect the ground water and ensure a potable water supply for human consumption is a part of the Division's mandated enforcement responsibilities.

Mr. McFall said the Division issues a monthly average of 15 permits each for wells and sewage disposal systems and 15 water samples. He said there were over 3,000 encounters in FY 99-00 for services. He said with commercial development occurring in the southern part of the County that most of the lot evaluations are done in the northern half resulting in approximately 75% approval. The Division works closely with other city/county agencies regarding water and sewer services in the County.

The Environmental Health Division handles all types of complaints that citizens believe impact their health.

He said the Environmental Health Division provides consultation and education, as well as, educational presentations for civic groups, schools, and homeowner associations. He said the Division is especially proud of "ServSafe" which is a nationally approved certification for foodhandlers. Last year a total of 40 Durham County foodservice managers were certified.

There was Board discussion.

Mr. McFall said one of the biggest challenges is maintaining staff not only to provide mandated inspections and services, but also to continue the enhanced support activities that are pertinent and necessary to extend the Division's effectiveness of enforcement responsibilities.

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Mr. Tekola Fisseha, Health Education Director, presented the Health Education Division opportunities that encourage voluntary adoption of behaviors that promote health and prevent disease and disability. He said the Division focuses on three main areas.

Communicable disease risk reduction education is provided to individuals or in-group settings. It focuses on people with multiple sex partners, childbearing-age women, teenagers, substance abusers and their sexual partners.

He said Project Straighttalk is a HIV/STD risk prevention education and community outreach program. Services include individual/couples education, support for people with STDs/HIV, awareness events, peer education programs, free prevention methods and referrals to health and human service organizations.

The Syphilis Elimination Project, made possible through a one-time grant from the NC Division Health and Human Services, seeks to eradicate syphilis by targeting areas of high incidence throughout the state. It provides syphilis prevention education, screening and follow-up to inmates in the Jail and at other community locations.

The School Health, Reproductive Health, and the Teen Outreach Program focus on infant mortality reduction, childbirth and parenting education, family planning education, school health education, and the Teen Outreach Program.

Mr. Fisseha said Health Promotion and Wellness provides education and risk reduction programs to adults in the community, churches, and workplace. Chronic disease program topics include domestic violence, smoking cessation, senior wellness, aerobic exercise, cancer education, cardiovascular health, and gun safety.

The Health Education Director said there is renewed interest in health promotion and disease prevention. The workplace health promotion activities has increased access to the "hard to reach" population. The Division has had opportunity to integrate its services into all the Health Department programs and it has collaborated with 48 community-based organizations in Durham County.

Mr. Fisseha said that unfortunately sometimes opportunities become challenges. He said although there are many health care providers, particularly in health promotion and disease prevention, the lack of communication exists between them and that increases the risk of fragmentation and duplication of service.

He said the larger the number of health care providers the greater the competition for available funding and resources.

Mr. Fisseha said that HIV/Hepatitis B and C Risk Reduction information confirm that well-implemented needle exchange programs reduce the number of individuals transmitting these infections. He said Durham County does not have such program.

Mr. Letourneau said the Department has requested the County Commissioners to support a decriminalization of needle exchange programs statewide to reduce the incidence of HIV transmission caused by the sharing of contaminated needles. He said it is an issue that is emotionally charged and there is a great deal of controversy surrounding it--discussions have shown support as well as opposition.



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Mr. Fisseha said the Durham County teenage pregnancy rate per 1,000 population is down for 1996-1999.

There was Board discussion.

Ms. Reckhow said the reduction of teenage pregnancies was one of the County Commissioners' goals. She asked that the information be re-communicated to the County Commissioners after the Department receives the teenage pregnancy rate for year 2000.

Mr. Letourneau said the rates for year 2000 could be released as early as August 2001 by the State Center for Health Statistics.

Mr. Fisseha reviewed the Division's progress as it related to its objectives 1) to decrease teen pregnancies and 2) to prevent the occurrence and secondary spread of infectious diseases.

There was Board discussion.

Marcia Robinson, Local Health Administrator presented the activities of the Administration Division.

Ms. Robinson said the Department is in the process of developing a Medical Record Assistant IV position to accurately track and to maintain patient medical records. Patient records that are created must be protected from loss, destruction, and unauthorized access. The medical records are the justification for billing and the handling of these records has major financial implications for providers. The patient record serves a legal purpose in that it provides protection from liability for the Department.

She said progress is being made to centralize patient appointment scheduling. The on-line schedule system for all clinic services is intended to enhance the customer service provided to the patient and to improve the management and the access of medical records.

Ms. Robinson discussed the building needs. The Central Intake Area is inadequate for clients to share confidential medical and financial information. The renovation of the area will provide separate interview rooms that will ensure a greater degree of privacy. She said improvements are also underway to improve the working environment in multiple locations within the Department. The funds for the project were identified in the County's FY2001 Capital Improvement Plan.

Ms. Robinson said the Department is moving toward the acquisition and implementation of a new health data management system. The Department currently uses QS software for its billing purposes with the exception of Home Health Program and the Pharmacy. Each of these two programs operates with their individual software packages. She said the Department issued a RFP last year but only received one response and it was cost prohibitive.

Ms. Robinson said a computer help desk position would tend to enhance support for the staff and an epidemiologist position would enhance data collection and management.

She said approximately 15,000 birth certificates and 20,000 death certificates are issued annually through the Vital Records office. She said the birth and death certificates will be pre-numbered to provide internal accountability for the certificates that are issued and also serve as mechanism for tracking those certificates.

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Mr. Letourneau said that signature stamped, but otherwise blank, certificates actually stolen from the office by an employee to be used to create false identities precipitated this action. He said a pre-numbered certificate system would prevent this from occurring a second time.

Mr. Letourneau said the replacement of a computerized patient care management system has been delayed. He said a RFP was issued last year and only one qualified vendor submitted a bid for over a half-million dollars for the project.

The Health Director said the budget for software solutions and training necessary to implement a fully automated health services information management system was \$230,000. He said because of the pricing of the bid that was received and the fact that there was only one qualified bidder the acquisition was postponed.

Mr. Letourneau said RFP would probably be resubmitted during the second half of the year.

There was Board discussion.

Mr. Letourneau said that at the same time the Department issued its RFP the state also issued a RFP for a statewide system. He said the state has abandoned their plan, which increases the opportunity for the Department to receive bids from those vendors who had submitted a bid at the state.

Ms. Rebecca Freeman, Nutrition Director, presented information regarding the Division's activities.

The Nutrition Division provides a variety of services that include a community team that collectively deliver population-based services using target nutrition and health messages and clinical team that focuses on improving the health of individuals through one-on-one counseling sessions

She said many of the services are directed to preschool age children. Some of the issues are infant prematurity and death that relate to preconceptual and prenatal issues. These premature infants who do survive, and other infants, have difficulties in the areas of development and growth. Ms. Freeman said this impacts their ability to learn. A large number of these children have anemia, which makes them more susceptible to lead poisoning. Approximately 40% of these children have feeding problems that relate to their development and growth. In Durham County, there are over 400 care centers and many of these children are enrolled in those centers.

Ms. Freeman said some of the opportunities the Division has to impact on these issues are medical nutrition therapy, public awareness made possible through the use of the media, and consultations to child care centers.

The Nutrition Division received a March of Dimes grant in the amount of \$3,300 to support a folic acid campaign. The program targets women of childbearing age regarding the importance of adequate folic acid levels for those contemplating pregnancy.

Education is provided to clients before they become pregnant about the importance of daily consumption of a healthy diet and a vitamin with folic acid to prevent neural tube defects and other health conditions.

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She said both English and Spanish advertisements are in the city buses to support the public health message of the importance of folic acid in the diet.

Ms. Freeman said breastfeeding advertisements are also in the city buses. A survey was done to identify businesses that were friendly with breastfeeding. A staff Nutritionist is also president of the local lactation association ensures coordination with other community activities in regard to the promotion of breastfeeding so as not to duplicate what the association is doing.

Ms. Freeman said many of the Division's services are directed toward school age children. The issues include poor food choices and inadequate physical activity, which result in obesity, diabetes, cardiovascular disease, and developing hypertension.

She said opportunities to address these issues are through classroom education, school promotions, and media campaigns. The Division is encouraging environmental changes that affect school policies, particularly in the cafeterias where it has seen more nutritional choices made available to students, especially the choice of low-fat milk.

Ms. Freeman said the Division provides one-on-one counseling to children and their families. It provides individualized care for specific problems and provides strategies that a person can achieve to make changes that will positively impact upon their health situation. She said many of these children are referred to the Nutrition Division through Durham Community Health Network/Duke Specialty Clinics and their nutritional needs are addressed and coordinated with assistance from other Divisions within the Health Department.

The Nutrition Director said the Division also provides services to adults and the families. She said their issues are very similar to those of the preschool and school age children.

Inadequate physical activity, poor food choices, food safety, food security (not an adequate supply of food), cardiovascular disease, diabetes, and hypertension are issues that face this population. Community education, restaurant menus, media advertising, and one-on-one are opportunities to provide nutritional education and consultation.

She said a sliding fee scale has been implemented to allow the Division to receive reimbursement for nutritional services.

Ms. Freeman said resources that would enhance the Nutrition Program are 1) the recruitment and retention of qualified staff, 2) technology to allow on-line medical records, and 3) adequate space.

In summation, Ms. Freeman said the Nutrition Division is on target. She said that in addressing one objective, work is being done to identify and develop new funding sources to allow continued expansion of public health service. The Division has begun to explore the feasibility of obtaining medical nutrition payment from HMO's for providing medical nutrition therapy to their patients.

There was Board discussion.

Janice Stratton, MD, Medical Director, presented the General Health Services Clinic activities and the challenges it faces. Dr. Stratton said this would be her last presentation to the Board meeting. She has resigned effective February 1, 2001 to do lots of other things. She thanked

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Mr. Letourneau for serving the County as its Health Director and for all his support. She thanked all her peers for the opportunity of having worked with them.

Dr. Stratton said the General Health Services Clinic's mission is to prevent and control communicable disease and to provide women's health screening. Communicable disease control includes Tuberculosis, sexually transmitted diseases, vaccine preventable diseases, and food-borne illnesses.

The Medical Director said the Tuberculosis Control Program provides treatment and follow-up for all Durham County clients with active disease and exposure to tuberculosis. Tuberculosis control activities include screening, initiating TB prophylaxis and providing direct observed therapy.

The Sexually Transmitted Disease Clinic provides free walk-in services for screening and testing. HIV counseling and testing is also available.

Dr. Stratton said the General Health Services Clinic provides screenings for breast and cervical cancer, domestic violence, hypertension, diabetes, and adult health.

All reports of suspected cases of vaccine preventable diseases are investigated to prevent secondary spread of the disease. Immunizations are administered to children 18 years of age and under. Vaccines are available to adult individuals age 19 and over for an applicable fee. Education regarding vaccines is provided through media announcements. Influenza outreach is provided to county employees, school employees, and other work sites.

Dr. Stratton presented the leading mortality and morbidity indicators for Durham County and North Carolina for 1998-1999. She said the number of cases of food-borne diseases has increased. The number of infectious diseases continues to increase with the immigration of the foreign born population into the area. Tuberculosis and rubella cases have risen. Typhoid, dengue fever, ehrlichiosis, brucellosis, malaria, and lyme cases have been confirmed in Durham County.

She said the Clinic is short staffed. There is a need for additional staff to increase surveillance and education.

There was Board discussion.

The Medical Director said that staff recruitment and retention continues to be a challenge for the General Health Services Clinic. She said that floor space is limited within the Clinic area. The issues of providing confidentiality for patient interviews and the ability to provide adequate space for the retention of the medical records would be addressed with the impending renovation of the Central Intake Area.

**POLICY DISCUSSION - THE DELIVERY AND FINANCING OF CLINICAL AND PREVENTIVE SERVICES TO UNINSURED/UNSPONSORED SEGMENTS OF THE POPULATION.** The Board of Health and staff welcomed Durham County Commissioners Ms. Becky Heron and Mr. Philip Cousin to participate in the policy discussion.

Mr. Burch said the Board would discuss the situation that faces the Durham community, as well as, other communities throughout North

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Carolina and the United States. He said the issue is the amount of stress that is put upon the health care systems in providing health care to the uninsured and underinsured persons. He said that frequently this population would use the emergency room as a primary care provider.

The Chairman said that in Durham County, providing primary care to the uninsured and underinsured population is overwhelming Lincoln Community Health Center. He said that Mr. Letourneau had compiled statistics regarding Hispanic immigration health issues that impact not only Durham County but also the nation.

Mr. Letourneau said the "Hispanic Immigration Health Issues" would be provided in a PowerPoint presentation.

He said the Board of Health and the Commissioners would be provided as much information as possible regarding these issues. The presentation would brief the Commissioners before they participate in local and regional legislative agenda setting meetings where they could advocate for relief to the Durham community as it relates to the access and financing of health care delivery to non-citizens.

He asked that the floor to be opened for discussion at the end of the presentation.

There was a lengthy discussion by the Board.

Mr. Burch requested that the presentation information and the legislative agenda item supported by the County Commissioners that calls for funded health care delivery to non-citizens be forwarded to the Durham County legislative delegation.

*The letter reads in part, Providing care to documented and undocumented Hispanic immigrants is having a tremendous impact on our local health system. This is more than just a Durham or Triangle problem. It impacts virtually every community in the State of North Carolina and many other states. The burden of providing care to uninsured Hispanic immigrants is threatening the financial stability of virtually every component of our health care delivery system. It exists in large part due to failed U.S. immigration policy that prohibits expending federal dollars on health care delivery for most non-citizens.*

*The scale of Hispanic Immigration to North Carolina has not been accurately assessed. The recent Census counted less than 5,000 Hispanics in Durham County. It is difficult if not impossible to accurately count a group of people who don't want to be counted. Most public officials and interested individuals believe the real number is between 15,000 and 20,000.*

*The presence of Hispanic Immigrants in North Carolina and other states has provided our nation with tremendous economic advantages. This population fills the need for low cost labor in a variety of industries such as construction, hospitality, food service, landscaping, and manufacturing. They are highly motivated, dependable, and productive.*

*Hispanic immigrants should be considered as important assets that contribute meaningfully to the economic prosperity of our state and nation. The smart businessperson recognizes the need to protect business assets. Providing funded access to health care services for this population is not only the right thing to do, it is the smart thing to do.*

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*Equally important is the need to protect the Public Health of our communities. Many Hispanics come to the U.S. from Mexico and Latin America where diseases such as Rubella and Tuberculosis are endemic. There were 96 cases of Rubella diagnosed in North Carolina in 2000. The vast majority of these cases were among young Hispanic men from Mexico. The resulting disease intervention efforts to immunize at-risk Hispanics across the state were enormously costly.*

*One recent active case of Tuberculosis in a local high school resulted in more than 400 children and staff being tested for TB. More than 30 tested positive for TB and are currently being treated. Each child requires a minimum of 72 directly observed medical therapy visits to complete the treatment necessary to prevent the development of active Tuberculosis. This results in a minimum of 2,100 clinic visits because of one active case of Tuberculosis.*

*Most young Hispanics do not seek health care routinely because they cannot afford it. They work in low wage jobs where health insurance is either not available or is too expensive to purchase. They seek care only when they are very ill. By the time they are diagnosed with an infectious disease, they may have exposed literally hundreds of people to their disease. Such was the case in the high school aforementioned and the Year 2000 Rubella outbreak. What a way to start the new Millennium.*

*We need federal and state health policy that makes sense and serves to protect the health of our communities. I urge you to consider this information and fashion a federal solution to this nationwide problem.*

Mr. Burch thanked everyone for their attendance and their participation.

There being no further business the meeting was adjourned.

Approved 2/8/01

William H. Burch, R.Ph.  
Chairman

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Brian E. Letourneau, M.S.P.H.  
Health Director